

Replacement Sheet

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The screenshot displays the Cogent Medicine website. At the top, the logo for Cogent Medicine is shown with the tagline "Web tools for clinical excellence". Below the logo is a navigation bar with links: Home, About Cogent Medicine, Contact Us, New Editors Choice, Search MEDLINE, My Library, My Queries, My Profile, and Log Out. The main heading is "ICD-9-CM Evidence-Based Medicine MEDLINE® Search".

The interface is divided into two main sections: "ICD-9-CM Term Finder" and "Evidence Based Medicine Filter".

**ICD-9-CM Term Finder:** This section contains a list of medical categories. The "MENTAL DISORDERS" category is selected and expanded, showing a hierarchical list of sub-categories:

- ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES, AND IMMUNITY DISORDERS
- DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS
- MENTAL DISORDERS
- DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS
- DISEASES OF THE CIRCULATORY SYSTEM
- DISEASES OF THE RESPIRATORY SYSTEM

**Evidence Based Medicine Filter:** This section contains a search box with the text "Cogent Medicine" and a "Search" button. Below the search box is a list of filters:

- Cogent Medicine
- Cogent Medicine
- NCI Master's
- York
- UCSF


The main content area displays a hierarchical tree structure of ICD-9-CM codes. The tree is rooted at "NEUROTIC DISORDERS, PERSONALITY DISORDERS, AND OTHER NONPSYCHOTIC MENTAL DISORDERS". The tree branches out into several categories, including "Neurotic disorders", "Personality disorders", "Sexual deviations and disorders", "Alcohol dependence syndrome", "Drug dependence", "Cocaine type dependence", "Heroin", "Meprobamate", "Methadone", "Morphine", "Opium", "Opium alkaloids and their derivatives", "Synthetic with morphine-like effects", "Nondependent abuse of drugs", and "MENTAL RETARDATION".

FIGURE 4

FIGURE 5

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**COGENT MEDICINE**  
*Web tools for clinical excellence*

**COGENT MEDICINE**

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**Dr. Sigmund Freud's Library**  
[\(Open All Containers\) | Edit Library](#)  
*\* Folder Contains New Editors Choice Citations*  
**Radiation Oncology**  
**Medical Oncology**  
**Psychiatry**

- ADHD, Child & Adult
- Eating Disorders
- Emergency Psychiatry \*
- Mood Disorders
- Pharmacological Aspects \*
- Schizophrenia and other Psychotic Disorders
- Sexual and Gender Identity Disorders \*
- Sleep Disorders
- Somatoform Disorders \*
- Substance-Related Disorders
  - Alcohol
  - Amphetamine
  - Cocaine
  - Opioids
  - My Saved Citations
  - Polysubstance

Selected Citation Details

PMID 12126602

Title Changes in methadone treatment practices: results from a national panel study, 1988-2000.

Author D'Aunno T, Pollock HA

Source JAMA. 2002 Aug 21;288(7): 850-6.

Abstract **CONTEXT:** Results from several studies conducted in the early 1990s showed that the majority of US methadone maintenance programs did not use treatment practices that met established standards for the care of heroin users. Effective treatment for heroin users is critical given the upsurge in heroin use and the continued role of injection drug use in the human immunodeficiency virus and hepatitis C epidemics. **OBJECTIVES:** To examine the extent to which US methadone maintenance treatment programs have made changes in the past 12 years to provide adequate methadone doses and to identify factors associated with variation in program performance. **DESIGN, SETTING, AND PARTICIPANTS:** Program directors and clinical supervisors of nationally representative methadone treatment programs that varied by ownership (for-profit, public, or private not-for-profit) and setting (eg, free-standing, hospital-based) were surveyed in 1988 (n = 172), 1999 (n = 140), 1995 (n = 116), and 2000 (n = 150). **MAIN OUTCOME MEASURE:** Percentage of patients in each treatment program receiving methadone dosages of less than 40, 60, and 80 mg/d. **RESULTS:** The percentage of patients receiving methadone dosage levels less than the recommended 60 mg/d has decreased from 79.5% in 1988 to 33.3% in 2000. Results also show that programs with a greater percentage of African American patients are especially likely to dispense low dosages, while programs with Joint Commission on Accreditation of Healthcare Organizations accreditation are more likely to provide adequate methadone doses. **CONCLUSIONS:** Efforts to improve methadone treatment practices appear to be making progress, but many patients are still receiving substandard care.

FIGURE 6